Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>09-04-07</u>	Address:	118 S, West Street	
Case #:	<u>96F-02549</u>		Thorntown, IN 46071	
County:	Boone			
Tune of I			_	
Type of Laboratory Scizure (check one)		Seizure Location (check all that apply)		
	ional Lab cal/Glasswarc/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other;	
<u>Items Four</u>	nd: Location (bedroom, kitchen, open	air, etc)		
_(check all th	nat apply) n/Ammonia Reaction(s);	 <u></u>		
	osphorous/Iodine Reaction(s):			
	ible Solvents;	_		
_	leactive Metal (Lithium):			
	ous Ammonia:			
	nlotic Acid Gas Generator(s):			
	/e Acid:	•		
Corrosiy	e Base;			
🛭 Other (it	em and location):Pseudocphedrinc/N	<u>Meth</u>		
Child under age 18 discovered (check one) Yes 1 (number present) No *If yes, fax report to Child Protective Services		∐ Ephedrine/ □ Retail/Mer	Investigative Information Ephcdrine/Pseudocphedrine Tracking Log Retail/Merchant Tip	
			from the public	
	<u>is to be faxed to the following ager</u>	<u>icies that serve the loc</u>	ation:	
	nent: Thorntown Fire Department	Fax: <u>765-436</u>	<u>5-2205</u>	
	rtment: Boone County Health	Fax: <u>765-483</u>	3-4450	
Child Protection Service: N/A		1³ax;		
For further in	nformation regarding this methampho	etamine laboratory, сол	tact	

Investigating Officer: Trp. Thomas B. Egler Phone 317-234-4591

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing. This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.